



PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

08791 7590 08/22/2006
BLAKELY SOKOLOFF TAYLOR & ZAFMAN
12400 WILSHIRE BOULEVARD
SEVENTH FLOOR
LOS ANGELES, CA 90025-1030
11/27/2006 HDEMESS2 00000034 10020655

01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<i>Cheri Clinkenbeard</i>	(Depositor's name)
<i>Cheri Clinkenbeard</i>	(Signature)
<i>11/21/06</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/020,655	12/11/2001	Jason Naxin Wang	80398P468	2853

TITLE OF INVENTION: SYSTEM AND METHOD FOR BALANCING VIDEO ENCODING TASKS BETWEEN MULTIPLE PROCESSORS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/22/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
VO, TUNG T	2621	375-240230

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. <i>Blakely, Sokoloff, Taylor & Zafman LLP</i> 2 _____ 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sony Corporation/Sony Electronics Inc.

Tokyo, Japan/ Park Ridge, NJ

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

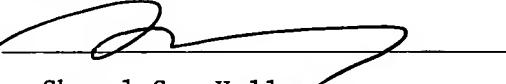
4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature 

Date NOV. 21, 2006

Typed or printed name Sheryl Sue Holloway

Registration No. 39,850

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**FEE TRANSMITTAL FOR FY 2005**

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

TOTAL AMOUNT OF PAYMENT (\$) 1700.00

Complete if Known:

Application No. 10/020,655
 Filing Date 12/11/01
 First Named Inventor Wang
 Examiner Name Vo, T.
 Art Unit 2621
 Attorney Docket No. 80398.P468

Applicant claims small entity status. See 37 CFR 1.27.

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify) _____

Deposit AccountDeposit Account Number : 02-2666

Deposit Account Name: _____

The Director is Authorized to do the following with respect to the above-identified Deposit Account:

Charge fee(s) indicated below.

Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

Charge fee(s) indicated below except for the filing fee

Credit any overpayments.

Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fees Paid (\$)</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1011	300	2011	150	Utility application filing fee	1,000/500
1111	500	2111	250	Utility search fee	
1311	200	2311	100	Utility examination fee	
1012	200	2012	100	Design application filing fee	430/215
1112	100	2112	50	Design search fee	
1312	130	2312	65	Design examination fee	
1013	200	2013	100	Plant filing fee	660/330
1113	300	2113	150	Plant search fee	
1313	160	2313	80	Plant examination fee	
1004	300	2004	150	Reissue filing fee	1,400/700
1114	500	2114	250	Reissue search fee	
1314	600	2314	300	Reissue examination fee	
1005	200	2005	100	Provisional application filing fee	_____

SUBTOTAL (1) \$ 0

2. EXCESS CLAIM FEES

<u>Extra Claims</u>				<u>Fee from below</u>	<u>Fees Paid (\$)</u>
Total Claims	— 20 or HP =			X	=
HP = highest number of total claims paid for, if greater than 20					
Independent Claims	— 3 or HP =			X	=
HP = highest number of independent claims paid for, if greater than 3					
Multiple Dependent Claims					=
Large Entity	Small Entity				
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>	
1202	50	2202	25	Each claim over 20	
1201	200	2201	100	Each independent claim over 3	
1203	360	2203	180	Multiple dependent claims, if not paid	
1204	200	2204	100	Reissue: each claim over 20 and more than in the original patent	
1205	50	2205	25	Reissue: each independent claim more than in the original patent	
SUBTOTAL (2) \$ <u>0</u>					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each add'l 50 or fraction thereof</u>	<u>Fee from below</u>	<u>Fees paid (\$)</u>
_____	— 100 = _____ / 50 = _____ (round up to whole number)	X	_____	_____

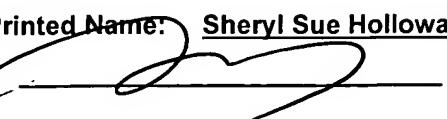
<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description:</u>
Fee Code	Fee (\$)	Fee Description: Application size fee for each additional group of 50 sheets beyond initial 100 sheets (count spec & drawings except sequences & program listings):
1081	250	2081 125 Utility
1082	250	2082 125 Design
1083	250	2083 125 Plant
1084	250	2084 125 Reissue

SUBTOTAL (3) \$ 0

FEE CALCULATION (continued)**4. OTHER FEE(S)**

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fees Paid (\$)</u>
Non-English Specification, \$130 fee (no small entity discount)			
Fee Code	Fee (\$)	Fee Code (\$)	
1051	130	2051	65 Surcharge - late filing fee or oath
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet
1053	130	1053	130 Non-English specification
1812	2,520	1812	2,520 For filing a request for ex parte reexamination
1813	8,800	1813	8,800 Request for inter parties reexamination
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action
1251	120	2251	60 Extension for reply within first month
1252	450	2252	225 Extension for reply within second month
1253	1,020	2253	510 Extension for reply within third month
1254	1,590	2254	795 Extension for reply within fourth month
1255	2,160	2255	1,080 Extension for reply within fifth month
1401	500	2401	250 Notice of Appeal
1402	500	2402	250 Filing a brief in support of an appeal
1403	1,000	2403	500 Request for oral hearing
1451	1,510	1451	1,510 Petition to institute a public use proceeding
1452	500	2452	250 Petition to revive – unavoidable
1453	1,500	2453	750 Petition to revive - unintentional
1501	1,400	2501	700 Utility issue fee (or reissue) 1400.00
1502	800	2502	400 Design issue fee
1503	1100	2503	550 Plant issue fee
1462	400	1462	400 Petitions to the Commissioner (CFR 1.17(f) Group I)
1463	200	1463	200 Petitions to the Commissioner (CFR 1.17(g) Group II)
1464	130	1464	130 Petitions to the Commissioner (CFR 1.17(h) Group III)
1807	50	1807	50 Processing fee under 37 CFR 1.17(q)
1806	180	1806	180 Submission of Information Disclosure Stmt
8021	40	8021	40 Recording each patent assignment per property (times number of properties)
1809	790	2809	395 For filing a submission after final rejection (see 37 CFR 1.129(a))
1814	130	2814	65 Statutory Disclaimer
1810	790	2810	395 For each additional invention to be examined (see 37 CFR 1.129(b))
1801	790	2801	395 Request for Continued Examination (RCE)
1802	900	1802	900 Request for expedited examination of a design application
1504	300	1504	300 Publication fee for early, voluntary, or normal pub. 300.00
1505	300	1505	300 Publication fee for republication
1803	130	1803	130 Request for voluntary publication or republication
1808	130	1808	130 Processing fee under 37 CFR 1.17(i) (except provisionals)
1454	1,370	1454	1,370 Acceptance of unintentionally delayed claim for priority
Other fee (specify) _____			
Other fee (specify) _____			
SUBTOTAL (4) \$ 1700.00			

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: Sheryl Sue HollowaySignature: Date: NOV. 21, 2006Reg. Number: 37,850Telephone Number: 408-720-8300

Send to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450